

Debra I. Moore Grant for the Arts APPLICATION

Please complete the following information and return it to:

The L-FUND
400 S. Farrell Drive, Suite B107
Palm Springs, CA 92262

If you need assistance,
 please call (760) 304-8487.

Checklist to submit for consideration:

- This application
- A personal statement describing your project explained below
- Three letters of recommendation from people who know you well and are NOT family members.
- Please provide documentation or photographs where applicable.

1. TELL US ABOUT YOURSELF

First Name	Middle	Last
Are you a Lesbian or Trans-Lesbian?		
Are you a resident of the Coachella, Morongo Valley, Yucca Valley, Joshua Tree, Twenty- Nine Palms, or Moreno Valley?		
Street Address		
Zip	City	
Telephone	Email	
Date of Birth	Age	Gender
Preferred Pronouns		

2. FINANCIAL INFORMATION

Current Employment		
	Employer	Income
Full Time		
Part Time		
Self Employed		
Unemployed		
Retired		

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Annual Income from all sources:		
<input type="checkbox"/> \$0 to \$5,000	<input type="checkbox"/> \$10,001 to \$20,000	<input type="checkbox"/> \$30,001 to \$50,000
<input type="checkbox"/> \$5,001 to \$10,000	<input type="checkbox"/> \$20,001 to \$30,000	<input type="checkbox"/> Over \$50,001
Are there any exceptional financial circumstances you wish to add:		
Education level		
Community Affiliations		
Are you applying for any other funding or grants? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you received any other funding or grants? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does your project have a focus important to the Lesbian community? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you interested in meeting with a mentor if one is available in your field? Yes <input type="checkbox"/> No <input type="checkbox"/>		
For which types of financial assistance are you applying? (Please provide documentation or photographs where applicable.)		
<input type="checkbox"/> Application fees	<input type="checkbox"/> Courses	
<input type="checkbox"/> Art supplies	<input type="checkbox"/> Travel	
<input type="checkbox"/> Books	<input type="checkbox"/> Tuition	
<input type="checkbox"/> Community/Professional Memberships	<input type="checkbox"/> Research	
<input type="checkbox"/> Conferences/Workshops	<input type="checkbox"/> Other:	

3. PROJECT DESCRIPTION

Please submit a personal statement of what you hope to achieve with your project. Include the following items:

- Name of project
- Type of project
- Amount of financing requested
- Anticipated audience
- Summary or synopsis
- Stage of development
- Potential completion date

Print name: _____ Date: _____

Signature: _____